

COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)**

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Raphanus with increased anthocyanin levels

the specification of which; (complete (a), (b) or (c) for type of application)

REGULAR OR DESIGN APPLICATION

a. ☐ Is attached hereto.

b. ☒ was filed on September 7, 2001
Serial No.

as Application
and was amended on

(if applicable)

PCT FILED APPLICATION ENTERING NATIONAL STAGE

c. ☐ was described and claimed in International application No.

and as amended on

(if any)

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, paragraph 1.56(a).

In compliance with this duty there is attached an information
disclosure statement 37 CFR 1.97

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code paragraph 119 of any foreign application (s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent of inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

- d. ☐ no such applications have been filed
 e. ☐ such applications have been filed as follows

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

Country	Application Number	Date of filing (day, month, year)	Date of Issue (day, month, year)	Priority claimed

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

CONTINUATION-IN-PART

(Complete this part only if this is a continuation-in-part application)

I hereby declare claim the benefit under Title 35, United States code, paragraph 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claim of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, paragraph 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, paragraph 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing date) (Status) (patented, pending, abandoned)

(Application Serial No.) (Filing date) (Status) (patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: **KOPPERT, Gerrit**

Inventor's signature



Date **18-10-2001**

Country of Citizenship: The Netherlands

Residence: **MONSTER, The Netherlands**

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CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION